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ABSTRACT

The program to provide basic health information and skills for older persons was sponsored by the city of Palo Alto with the cooperation of 14 health agencies. Weekly morning classes featured 12 topics ranging from exercise to coping with cancer and were presented by health professionals in as nontechnical a manner as possible. The classes were attended by an average of 32 persons, most of them aged 66-75. This report describes and covers the target population, personnel and financial arrangements, publicity, registration, course outlines, the participants, elements of the program, sponsorship and agency participation, attendance, expenditures, continuation of parts of the program, and recommendations. A major section is devoted to the results of program evaluation completed by 29 attendees, who rated the sessions favorably. Throughout the report, many details are included to give a picture of organization, attendance, and overall reactions. (MDW)

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PROGRAM RESUME

TITLE HEALTH MAINTENANCE EDUCATION AND SERVICES FOR SENIOR ADULTS (PROJECT S.M.I.L.E.)

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SPONSORING
ORGANIZATIONS City of Palo Alto, Senior Adult Services
 Santa Clara County Health Department
 PAUSD Department of Adult Education

DATE 7 June 1974

SUMMARY The City of Palo Alto Senior Adult Services Program has among its Extension Services a goal to develop health education and consultation services for seniors. To meet this goal Health Services to Maintain Independent Living for the Elderly (S.M.I.L.E.) sought ways in which a coalition of medical/health professionals joined forces as health advocates to conceive, initiate, conduct and evaluate a free preventive health service and maintenance program for normally active senior citizens. The purpose was to provide basic health information and skills in order to promote and maintain health, prevent disability and increase functional living in homes and in the community. The service was available to all older persons residing in the school district. There were no special criteria such as low income required.

The program recognized the importance and interrelationship of four elements. These were: (1) lectures or presentations by physicians, allied health professionals and qualified agency volunteers; (2) consultation with public health nurses, social worker, dietitian, physical and occupational therapists; (3) group interaction and socialization; (4) supervised programmed exercises for maintaining body fitness.

The occupational therapist also served as program leader and liaison among participants, committee members and staff, and participating agency representatives.

To estimate the effectiveness and future directions of the program two questionnaires were designed to obtain the opinions from participants and staff.

Some evident outcomes were: (a) health topics are of interest (need) to seniors; (b) presentations can be developed which are meaningful to older persons; (c) some health concerns of seniors can be quickly assessed and ameliorated during mini-consultations; (d) multiphasic screening tests are desired and utilized if given more publicity and transportation is provided to county clinic; (e) learning, peer relationships and group identification are facilitated in a friendly social atmosphere; (f) older persons generally feel better as a result of exercises; (g) classes offered an opportunity for participants to take an active part in maintaining their own health; (h) staff and agency interrelationships can be improved upon through exchange and mutual participation.

TARGET POPULATION

Health Services for Seniors was designed to serve older adults residing in the Palo Alto Unified School District...primarily those living in the downtown area where the largest percentage reside.

The large multi-purpose room (El Palo Alto) at the City's Downtown Library was made available for use one morning each week for a twelve week period from February 7 through April 25, 1974.

Public address systems, blackboard, chairs and tables were arranged according to each session's requirements by the program leader assisted by City building and maintenance men.

PERSONNEL AND FINANCIAL ARRANGEMENTS

The Health Planning Committee consisted of twelve persons. Planning meetings began three months before the series began. Uncertainty in committee about goals and leadership led the chairman (City Senior Adult Resource Coordinator) to invite the occupational therapist to join one month later. The O.T.R. was asked to co-chair meetings as well as to assist with publicity and eventually coordinate the actual program. The major operations tasks fell on the program leader and a public health nurse.

Two volunteers assisted staff with attendance records and hospitality. Their skill in working with older persons contributed much to the climate and success of the program.

The program and exercise leaders were paid only for actual class hours by the PAUSD Department of Adult Education. All other committee members had regular salaried positions.

PUBLICITY

Posters and flyers announcing the new service supplied and printed by the City were distributed from the Senior Service Room to senior clubs, lunch programs, drop-in center, stores, churches, libraries by "Helping Hands" volunteers. Selected agencies and organizations were notified by City letter. Announcements were distributed by Boy Scouts to homes in census tract 5113, the downtown district. Interested persons were

asked to telephone the Senior Service Room to pre-register for the Health Services program.

REGISTRATION

Realizing normal attrition would occur in class attendance, staff prepared to admit forty persons into the program. Twelve did not appear at the start. They were telephoned. Six had decided not to attend and six still wanted to be included but were unable to attend the first session. Six more persons were registered in the Adult Education system making a total of forty-three. (Three persons were so insistent upon joining they were accepted.) Registration, waiting and visitor's lists contained approximately twenty names of persons interested in joining parts or all of the program.

The Class Card. Committee members felt a method of record keeping would be important for four reasons: (1) to have pertinent information in case of emergency; (2) to assist staff in becoming quickly acquainted with each individual; (3) to record attendance and phone calls made to absentees; (4) to collect data related to this new service of S.M.I.L.E.

The program leader designed the class card. Fifty were supplied and printed by the City. Data included registration date, name, address and phone, birthdate, physician's name, address and phone, name, address and phone of relative or friend to contact in emergency. The card also had spaces for attendance and consultation notes.

Occupations, talents and hobbies were entered on the cards by staff when these became known during the twelve week series. Other items in information included type of housing, means of transportation, how program was heard about, stated reasons for attending, precautions

mentioned by participants and those noted by staff.

Other Records. In addition each student was required to complete an Adult Education Registration Card which was kept on file in the Palo Alto Adult School Office. Attendance at each Thursday morning class was recorded on the Daily Attendance Sheet. Registration Lists, Waiting Lists, Visitor's Lists and Class Membership List were developed and used in organizing and implementing this new service. Name tags were made available at each session.

Tuition Exemption. No persons paid tuition fees since Palo Alto Unified School District residents age 65 and over are exempt.

COURSE OUTLINES

The program leader and the exercise leader each prepared Adult Education Course Outlines which were placed on file at the Palo Alto Adult School office as required of all instructors.

THE PARTICIPANTS

The following information is summarized from the class cards:

Total registered.....	43	
Males.....	11	(26%)
Females.....	32	(74%)
(Married couples.....)	5)	

Age breakdown:	60-65 years.....	2
	66-70 ".....	12
	71-75 ".....	13
	76-80 ".....	6
	81-85 ".....	5
	86-90 ".....	4
	91+ ".....	1

Means of transportation: car.....17
 bus or walk.....24

Type of housing: own home.....15
 rent home..... 3
 rent apartment.....23

Participants reported they heard about the program through the following channels: friends, senior clubs, senior adult services room, drop-in center, lunch programs, church notices and activities, Palo Alto Times, posters and flyers.

Their stated reasons for attending were: (1) interested in general health and topics on health subjects; (2) wanted knowledge of health resources; (3) desired health services such as blood pressure measurement; (4) hoped to stay active and healthy; (5) needed proper exercise; (6) desired guidance in diet and weight control.

Each person assessed his own health status. Conditions identified were: tendency for blackouts, headaches on head movement, light stroke, head neuralgia, spinal disc problems, cataract, overweight, diabetes, arthritis, cardiac conditions, high blood pressure, constipation, varicose veins, and foot problems.

Observations made by staff included: visual impairment, hard of hearing, uses hearing aid, uses cane, smokes cigarettes, possible overweight, and social support needed.

Men stated previous occupation as: attorney/banker, insurance broker, parks ranger, physical therapist, and railroad agent. Women's occupations were teacher, librarian, vocational nurse, housewife and homemaker.

Three registrants did not have physicians they could call upon if needed. They were assisted by nurse and occupational therapist in the selection process. Also it was noted that some seniors did not have names or phone numbers of persons to notify in case of emergency. They were encouraged to make decisions about this.

ELEMENTS OF THE PROGRAM

Presentations. Health Planning Committee members selected topics to provide basic information on health problems found to be of high incidence among the general population of the elderly. Throughout the series the recurring theme centered on nutrition education and the preventive health care continuum of promotion, protection, identification, correction and accomodation.

Committee members contacted county health departments and non-profit health agencies for outside speakers and were pleased to find speakers eager to contribute their expertise to the new service. Five medical doctors (one was a psychiatrist), a physiologist, a doctor of nursing science, a clinical audiologist, plus speakers from agencies who told about services, five recovered patients from problems with cancer or stroke, and some staff members gave presentations.

All physicians, with the exception of the first listed below, were procured through the health agencies.

The occupational therapist acting as a health agent sought to provide continuity in relating topics as well as promoting the team concept.

The following is a list of twelve topics in the sequence they were presented accompanied by the corresponding outside speaker's name

and principal agency:

Orientation to Aging and Exercise	Walter M. Bortz II, M.D. Palo Alto Medical Clinic
Physical Fitness and Exercise	William L. Haskell, PhD Stanford Lipid Research Program
Risk Factors in Heart Disease	Bernard I. Lewis, M.D. Palo Alto Medical Clinic
Facts about Arthritis	Melvin C. Britton, M.D. Palo Alto Medical Clinic
Nutrition	Ms. Doris Constenius, R.D. County Health Department
Coping with Cancer	Paul K. Johnson, M.D. Palo Alto Medical Clinic
Pulmonary Conditions	Ms. Ruth Barstow, D.N.S. American Lung Association
Visual Handicaps	Mrs. Mildred Painter, M.S.W. Lee Basham, Mobility Specialist Peninsula Center for the Blind and Visually Impaired
Hearing Problems	Robert E. Burkhalter ARCON Hearing Research Foundation
Mental Health	Lloyd Moglen, M.D. County Mental Health Department
Stroke Prevention	Mrs. Judy Peck Santa Clara Valley Stroke Club Ms. La Verne Westerlund, R.N.* Stanford Co-Care Program
Accident Prevention/Home Safety	Mrs. Pam Zanoni American National Red Cross

*Substitution: Speaker, Miss Mildred King, R.N.

The approach was to keep the presentations as non-technical as possible. Generally speakers talked about thirty minutes and then answered questions. However each speaker used his or her own style and method of instruction. Slides and audio-visual aids, instruments and equipment,

charts and check-lists were used. The presentations were tape recorded and loaned to committee members as well as groups of people working with seniors such as the YWCA.

The occupational therapist provided specialized knowledge in self-care aids, homemaking assistive devices and home safety equipment for the aged and handicapped.

Agencies sponsoring speakers provided a wealth of free printed material in the form of leaflets and brochures which proved extremely valuable as teaching and resource guides. This material was pre-selected by the program leader. No costs were incurred. Occasionally a speaker would recommend a book for further reading if someone desired more information.

The City Downtown Library staff provided a book cart with selected books relating to certain topics as deemed appropriate by the program leader.

During the series the leader developed four separate program sheets which were distributed at intervals to participants. These explained the order of events, subsequent schedule of presentations, and suggestions to staff. A suggestion box was provided for this purpose.

Multiphasic Screening. Although this service was not paramount in planning, the need became evident as participants became aware of this cost-free service sponsored by the County Health Department, Sight Conservation Research Center and the Santa Clara County Heart Association. The primary Public Health Nurse explained to class seniors that approximately fifty dollars worth of cost-free blood work could be done. This screening was not to be considered a replacement of a physical examination. Other tests included were for diabetes, glaucoma and Pap smear. Height and

weight and blood pressure were taken. Results were mailed to the physicians and to participants. No records were kept to record the numbers of participants in the screening who followed through and saw their physicians. Remarks by seniors who went to screening were positive and satisfactory about this service. Staff did hear that one woman was discovered to be mildly diabetic. She was informed about the Diabetes Society of Santa Clara Valley and their teaching seminars for people with diabetes.

Announcements were made regarding health screening appointments, consumer buying tips, new services available for seniors, and community activities such as the City-sponsored senior adult recreation programs.

Consultation. It was intended that those persons desiring consultations with medical social worker, public health nurses, dietitian, physical and occupational therapists would do so during the social period. Mini-consultations did materialize and apparently were sufficient for the majority of clients. The downtown district PHN reported that at least four referrals were made to other district nurses for follow-up home visits. Some participants brought their problems to the attention of the social worker before or after classes since her job as Senior Adult Resource Coordinator required her to be in the Senior Service Room during most meetings. When the physical therapist was available she advised persons about the extent of exercise that might be attempted if they had special problems. The P.T. and O.T. made suggestions to the exercise teacher as certain exercise routines were developed. The dietitian answered questions regarding special diets, menu substitutions and cholesterol control. The O.T. and the downtown district PHN spent considerable time on telephone calls to absentees

discussing any problems seniors felt were troubling them.

Socialization. The refreshment period scheduled between presentations and exercise provided time for relaxation, conversation and group interaction. This atmosphere helped students to feel free to approach speakers and staff to ask questions without fear of embarrassment. Coffee and cups were provided by the Palo Alto Chapter of the American National Red Cross. Participants brought flowers, cookies, recipies and news clippings to be shared with others. One 86-year-old gentleman, skilled at guitar playing and songleading, was particularly helpful in creating a warm, friendly atmosphere. The group enjoyed singing one familiar song at the beginning of each program...an unexpected feature that pleased the speakers.

Exercise. Most group exercises took place while seniors were seated in sturdy, lightweight chairs. Each chair was placed in a circle allowing arms' reach space between. Ladies found they were more comfortable wearing slacks. The skilled dancer-instructor made the series of progressively difficult movements look so fluid her students enjoyed watching and following her leadership. They were taught specific exercises for spine, abdomen, joints and extremities, as well as ways of improving breathing, walking and general posture.

SPONSORSHIP AND AGENCY PARTICIPATION

Primary governmental organizations assisting the City were the Santa Clara County Health Department and the PAUSD Department of Adult Education. Four organizations warrant particular recognition for outstanding service. These were the Palo Alto Medical Clinic, Santa Clara County Public Health Nursing Service, Santa Clara County Heart Association,

and the American National Red Cross.

Following is an inventory of the Medical/Health and Home Service organizations whose unique and skilled professional and lay leadership contributed to the series:

American Cancer Society
American Lung Association
American National Red Cross
ARCON Hearing Research Foundation
Arthritis Foundation
Palo Alto Medical Clinic
Peninsula Center for the Blind and
Visually Impaired
Santa Clara County Heart Association
Santa Clara County Mental Health Department
Santa Clara County Public Health Multi-
phasic Screening Program
Santa Clara County Public Health Nursing
Service
Santa Clara Valley Stroke Club
Stanford Co-Care Program
Stanford Lipid Research Program

Contacts with speakers from all these services were made by committee members and program leader. The leader also wrote the appropriate thank-you responses to speakers and agencies for their participation.

Information about services provided by other health-related agencies was made available to the seniors. These were: Mid-Peninsula Dental Health Foundation, Family Service Association, Family Interaction Center, Visiting Nurses Association, Home Kare, Inc. and Involvement Corps Podiatry Clinic.

Persons from at least twelve agencies visited the program to observe.

SCHEDULE OF CLASSES AND ATTENDANCE

Lectures started promptly at 9:30 A.M., but several persons arrived at 9:00 A.M. as soon as the library opened. This created some

difficulty particularly for the program leader who was under pressure to make the room ready for use, instruct volunteers, coordinate with staff and receive speakers for the day.

An area of confusion and misunderstanding arose among staff, committee members and participants regarding those persons who did not choose to stay for the exercise portion of the program. Some felt lectures should be open to anyone...at anytime. Some wanted participants to be free to choose those parts which interested them, since there was some resistance to the exercise. Every attempt was made to encourage registrants to observe the exercise group in action and participate if and when they felt able. Some did. However, about one-third did not stay for the exercise class.

The average weekly attendance for lectures was 32, and for exercise 21. Two men and two women became inactive during the course of the series. Their reasons given were: (1) too many women present; (2) get enough exercise already; (3) due to foot problems--too difficult to get to the bus stop; (4) too busy with other commitments. These people, however, were complimentary about the quality of the presentations and the capability of staff members.

Three out of the twelve mornings of the series were cold and rainy which prevented some people from attending.

PROGRAM EVALUATION QUESTIONNAIRES

Student Program Evaluation Form. This questionnaire was prepared by the program leader. It was designed to elicit information from participants helpful in assessing the current program and provide insights into changes that might be made in future programs for older persons.

Questions were obtained from the downtown district PHN, exercise teacher and Senior Adult Resources Coordinator. The questionnaire was critiqued by a City survey analyst and sent to reproduction.

Questionnaires were given to those attending the final meeting of the program. Twenty-nine were completed. Four were mailed to absentees. Two of these were completed and returned to the program leader. No signatures were required on the forms.

A tabulation of responses and comments follows:

1. How would you rate the information presented at the S.M.I.L.E. Health Services series?

Number of respondents: 31

- a) Interesting and useful 31
- b) Interesting but not useful
- c) Not very interesting but useful
- d) Not interesting and not useful
- e) Other comments

2. Would you recommend this service to a friend who is a senior citizen?

Number of respondents: 31

- a) Yes without reservation 30
- b) Yes with some reservation 1
- c) No
- d) Other comments: "Yes indeed"

"Depending on the psychology of the individual; perhaps a little too much and too long for some people."

3. Which subjects were of greatest interest to you?

Number of respondents: 31

	Very Interesting	So-So	Not Interesting	Absent
Aging and Exercise	20			3
Risk Factors in Heart Disease	22	4	1	1
Physical Fitness	24	1		1
Facts about Arthritis	21	3		3
Nutrition	24	1		2
Coping With Cancer	21			3
Pulmonary Conditions	18	3		3
Visual Handicaps and Aids	20		1	3
Hearing Problems and Aids	19	3	1	2
Mental Health	16	4	1	2
Stroke Prevention	22			2
Accident Prevention	24	1		1

4. Have you changed your living, eating, etc. habits as a result of the presentations listed above? If yes, please indicate briefly what habits you changed and how.

Number of respondents: 29

Yes 11 No 18

"I take more exercise."

"Try to take more regular exercise, walking, golf, and gardening."

"Cut down on fats."

"Try to lose weight."

"I have been following normal health rules and living for many years."

"Am trying to remember the helpful hints."

"General consciousness of affect of routine on basic health."

"Limitations imposed by illness can be confining and curb usual work and activity patterns with narrowing of activity."

5. Have you made use of, or do you plan to make use of, any of the following agencies for the first time since you have attended the lecture series? (Only check the appropriate blocks. Blocks may be left unchecked.)

Number of respondents: 20	<u>Have Used</u>	<u>Plan to Use</u>
American Heart Association		1
American Red Cross		
American Cancer Society		
American Lung Association		
Public Health Nursing Service	4	
County Mental Health Services		
County Health Screening and Treatment Centers	10	
Arthritis Foundation		1
Peninsula Center for Blind and Visually Impaired		1
ARCON Hearing Research Foundation	1	2
Valley Stroke Club		
Visiting Nurses Association	1	1
Home Kare, Inc.		1
Family Service Association	1	
Family Interaction Center		

(Nineteen persons participated in Health Screening. At least eight were assisted with transportation provided by Red Cross.)

6. How would you rate the hand-out literature?

Number of respondents: 31

- a) Very informative and useful 31
 b) Only somewhat informative and useful
 c) Not very informative or useful

7. How would you rate the various exercises?

Number of respondents: 21

- a) Very helpful 19
 b) Moderately helpful 2
 c) Not very helpful
 d) Did not participate 10

8. How frequently did you do your exercises at home?

Number of respondents: 24

- a) Frequently 15
- b) Seldom 7
- c) Never 2

"Do more walking." "Will exercise more in future." "I use stationary bicycle every day." "Never, except for the inevitable gardening and housework."

9. If you felt the exercises were helpful, then please state how they were helpful. If you did not feel the exercises were helpful, leave this question blank.

Number of respondents: 20 (Students gave multiple answers)

- a) Helped with my coordination 6
- b) Provided more flexibility and mobility 7
- c) Made me generally "feel better" 13
- d) Helped me with a specific problem 5 Please specify.

"Balance--am working on it." "I have a neck cramp condition for which I take osteopathic treatment. I did not have to take treatments during the time I was taking exercise."

10. How could we improve the exercise class?

Number of respondents: 12

- a) Actual exercises 1
- b) Method of teaching 2

"Just continue as usual." "Seems good to me." "Excellent teacher." "Alright as is." "Okay with me." "With respect for elderly." "Always use a mike." "Excellent." "Instructor exceptionally fine."

11. How would you rate the social aspect of the program?

Number of respondents: 23

- a) Enjoyable 22
- b) Not very enjoyable 1

"Helpful and interesting." "Good." "Pleasant audience, but exceptionally attractive and capable committee."

12. What suggestions do you have on how Public Health Nurses could be utilized or extended in a program such as S.M.I.L.E.? Also any other staff members?

Number of respondents: 5

"I don't know." "Don't know." "I read health subjects all the time." "More publicity regarding services: I was not aware of such services." "Individualized help for arthritic with mobility impairment...with home arrangements such as bed-chair-desk, kitchen and bathroom."

13. Do you feel you need more in-depth consultation with a nurse, physical therapist, dietitian or social worker? If so, please specify. (Occupational therapist was inadvertently omitted by typist on the form, but added in by one participant.)

Number of respondents: 20

a) Yes 5
b) No 15

Dietitian: 5 Public Health Nurse: 2 Occupational therapist: 1

14. Is there any reason why a home visit would suit your needs better than an office (or Senior Center) visit?

Number of respondents: 20

a) Yes 3
b) No 17

"Not at this time." "Enjoyed visit with PHN." "Referred by O.T. program leader to Visiting Nurses' Association Occupational Therapist for suggestions on home equipment and assistance needed after forthcoming hand surgery."

15. Suggested topics for future lectures and other constructive comments:

Number of respondents: 10

"More on high blood pressure."
"Varicose veins."
"More on nutrition and economical shopping for one."
"Diabetes."
"Care of the feet and proper shoes."
"Positive thinking and happiness for senior citizens."
"Heart kitchen; conserving energy."
"The same lectures repeated by other speakers."
"More of the same."
"Best lectures and series for a senior group--could be repeated with other speakers."

"Lecture series has been one of the finest we ever attended."
"Series could be applied to all age groups; not only to senior citizens."
"It has all been very instructive and most interesting."
"Would enjoy hearing the whole thing over or attending a similar class in the future."

Staff Program Evaluation Form. This questionnaire was also prepared by the program leader to survey opinions from Health Services staff, planning committee members and volunteers. These forms were duplicated by the Palo Alto Adult School office staff. Fourteen were distributed either in person or by mail. Twelve were completed and returned to the leader for analyses. Signatures on forms were optional.

The tabulation of responses and comments follows:

1. Did you feel the sequence of twelve programs followed in logical order? If not, what suggestions do you have for improvement?

Number of responses: 12

Yes 11
No 0
Don't Know 1

"Order of programs not too important."
"The first excellent orientation was essential. After that the order is less important."
"Alternating 'heavy' disease subjects with 'upbeat', how-to-improve subjects is a good approach."

2. What topics were omitted that you think should have been included?

Number of respondents: 12

Six persons said none or none right now.
Six persons made suggestions for future topics.
(Topics for future programs are listed under Recommendations.)

3. Do you think another series tri-sponsored by the City, Adult Education and County Health Department should be planned for the fall?

Number of respondents: 12

Yes 10
No 2
Don't know

"When you get a good thing going, keep it going."
"Suggest spring. Depends upon outcome regarding Senior Center."
"Yes, but depends somewhat on outcome of Senior Center."
"Yes, if registration of new persons is adequate."
"Yes, possibly consider several shorter sessions."
"No, only once a year."

4. What suggestions might you have which would help the coordinator of the program?

Number of respondents: 7

None 5

"It seems to have been well-handled."
"Believe the dietary instruction should have been more closely and individually tied in."
"Continuation in planning and scheduling of speakers and events."
"Leader should write for free publications from U.S. Printing Office, Administration on Aging, etc. well ahead of next series."
"More time allowed in planning programs, and adequate financing for administrative time of program leader."
"Rethinking of consultation portion fo the program."
"Try a series with more than forty in lecture and less than forty in exercise."

5. What is your feeling about the total program offered as a package?

Number of respondents: 12 (One person gave two answers)

Participants should take whole program or not at all 6
Participants should be free to choose what parts they want 8
Participants should feel free to join in anytime they want 0

"Ought to try another approach."
"Participants should be encouraged to take whole program; therefore sign up for program even though some will fail to participate in all parts."
"Participants should all take what they are able to take."
"Freedom of choice would be ideal, but it may be complicated by rules of Adult Education Department."
"Participants should take all except for those who are too

frail to take the exercise part, but can derive benefit from the lecture part."

"Participants should be free to choose, but encouraged to take the whole program."

"Participants should take whole program or not at all; visitors should be welcome, of course."

6. What is your appraisal of the components of the program?

Number of respondents: 12

<u>Presentation</u>							
Excellent	6	Good	4	Fair	0	Don't know	2
<u>Consultation</u>							
Excellent	0	Good	4	Fair	4	Don't know	4
<u>Social</u>							
Excellent	4	Good	5	Fair	1	Don't know	2
<u>Exercise</u>							
Excellent	7	Good	3	Fair	0	Don't know	2

7. How necessary/ do you think the class card system was?

Number of respondents: 12

Important 6 Not needed 0 Don't know 6

Suggestions for improvement: Minor revisions.

8. Do you think the stated overall goals of the program described what actually took place? "Participating members of the Senior Adult class will learn basic health information and skills in order to promote and maintain health, prevent disability, and increase functional living in their homes and in the community."

Number of respondents: 12

Yes 12 No 0 Don't know 0

Members felt the goals were well-worded in regard to content of program and adequate within reasonable expectations. No revisions were thought necessary.

9. Do you think the combination of lectures and exercises were valid teaching objectives used to meet our goal?

Number of respondents: 12

Yes 11 Partly 1 Don't know 0

"Some plan to provide 'practice' and 'peer support' between sessions is needed. Lecture method seemed effective with this particular group."

"Any field trips possible?"

"Exercise class good, but other classes could be incorporated as exercise class becomes perpetuating. Adult Education Department should carry this as a separate class now that exercise teacher is known and idea is accepted."

10. Should the participants in the exercise class submit some form of instructor liability release or doctor's consent form before joining?

Number of respondents: 12

Yes 8 No 2 Can't decide 2

I recommend:

"Maybe yes, competitive school athletics require it--so do child birth classes."

"Instructor liability release yes; doctor's consent, no. That should be left to participant to decide whether to obtain his doctor's consent."

"Doubt if doctor's consent form for exercise would be practical. They may not wish to sign an open form without knowing about the exercise program in detail. I think matter should be discussed with City attorney."

"No, not as long as instructor is covered through Department of Adult Education or other."

"No, not unless insisted upon by instructor."

"Yes, but this might discourage some."

11. The weekly average attendance was 32 in lectures and 21 in exercise. How did you feel about the size of these classes?

Number of respondents: 12

Too many 0 About right 10 Could have taken more 2

Both the program leader and exercise teacher felt class sizes could have been increased.

12. There were five medical doctors who participated in the lecture series. Do you think the presentations would have been successful without them?

Number of respondents: 12

Yes 1 No 8 Don't know 3

"No, not as."

"Yes, but having a few helped."

"No, though I wish we could encourage some to be less technical-- focus on function."

"No, probably not."

13. Do you feel the time allowed between topics was about right?

Number of respondents: 12

Yes 9 No 0 Don't know 3

"Yes, but required supreme effort for program leader to administer first time through."

14. Should the whole program (or part of it) be offered at other locations than the downtown library?

Number of respondents: 12

Yes 7 No 1 Don't know 4

"Perhaps give exercise in school buildings."

"Offer at Stevenson House."

"Other locations such as Los Altos and Mt. View?"

"South of Oregon Expressway nearer center of Palo Alto."

"At convenient locations."

"Anywhere."

"Recreation Centers."

"At centers where seniors meet and hopefully at new Senior Services Center."

15. Did you feel needed in the program?

Number of respondents: 12

Yes 8 No 1 Uncertain 3

Two who felt uncertain were unable to attend programs regularly. One felt much appreciated, but wasn't convinced of the importance of her job. (Her performance was outstanding.) One felt she was not particularly needed. (Actually she contributed much to planning and operations.)

16. Did you receive enough support or direction for your services?

Number of respondents: 11

Yes 9 No 0 Uncertain 2

"Leader was especially helpful and went out of her way to be of help."

"I am not sure how my services could best be used."

"Everyone was encouraging and interested and interesting."

"Uncertain, probably because of undefined boundaries of program leader's job. Also difficulty in consulting with City Senior Adult Coordinator due to limitations on her time."

17. What suggestions might you have about improving the consultation part of the program?

Number of respondents: 10 (Some gave multiple answers)

Beginning of lectures 0 End of lectures 6

Another time 6 Another place 3 At peoples' homes 2

Other 3

"Consultants need to be more involved in 'short' presentations within structure of program so that participants are more aware of consultants and free to talk alternatives."

"Don't know."

"Who would pay for these?"

"Think it was good for a first attempt!"

"Consultants should be available to go to private interview space after program...Senior Center!"

"Hopefully at offices in City facility, i.e., Senior Center."

18. How would rate the publicity on the program?

Number of respondents: 12

Very good 6 Good 3 Adequate 1 Improvement needed 0

Don't know 2

"More time needed in preparation of press releases and information to leaders in other organizations and agencies."

19. Considering the problems of starting a tri-sponsored prevention/health maintenance program in the downtown library, what are your thoughts about the strengths and weaknesses of the program?

Number of respondents: 11

"I think that if programs were scheduled well ahead of time, it would be helpful to try to interest physicians in referring their patients who need general health information and could benefit from socialization."

"I feel it would be strenghted with some small payment of service."

"Felt group developed cohesiveness with the combined program."

"Difficult to coordinate, I know, but extremely effective. Single or double sponsorship would be simpler, but possibly less rich in content."

"Program achieved getting the cooperation of almost all the participants, which was no mean feat. I think it needs to be

an ongoing program, i.e. at least the social and exercise should be kept going indefinitely."

"I found it difficult to rush from work at the Palo Alto Medical Clinic and rush back--not really getting 100% involved in program because of other demands."

"From what I experienced, strengths involved involvement and participation (social interaction, moving, sharing, fun) of all the adults who came. Good group feeling of caring and enjoying. Could have organized exercise part to fit lectures or concentrated on one thing at a time--also more use of handouts."

"I know that behind the scenes it wasn't always so, but I thought the whole series was carried off very well. As part of the lecture period--perhaps divide into 3 or 4 groups to discuss."

"Needs better financing for a coordinator and support matters."

"Good spirit and morale of staff. Cooperative group. Willing participants. Capable volunteers. Other agencies willing to participate. Better meeting rooms needed. Expand consultation. Make better use of dietitian. Incorporate new topics. Include specialized training in areas of use of leisure time and energy with occupational therapist."

20. Did you find you changed some of your living habits as a result of this program?

Number of respondents: 9

Yes 3 No 5 Not yet 1

"No, except I was personally enriched by information learned as well as meeting new people."

"No, except I better not smoke!"

"Yes, increased walking exercise; more conscious of diet; but home adapter on bike for home exercise use."

21. In what areas did you feel you learned from the program?

Number of respondents: 11 (Multiple responses)

Presentations by agencies and staff 7 Doctors' talks 6

Exercise tips 3 Interstaff relationships 4

Interagency relationships 6 Personal competency 3

22. Any other comments, observations and suggestions?

Number of respondents: 7

None 4

"I think the evaluation sheets should be handed around and collected by participants, not staff."

"I feel that I got into the program at the last minute and found it difficult to work into the structure."

"I've personally enjoyed this whole program very much-- and learned a lot. Have wished my parents and in-laws were near so they could have participated."

"Job description is needed for program administration/ leader."

"Establish equitable salary for leader."

EXPENDITURES

This report does not include a detailed accounting of expenses borne by the sponsoring organizations, participating agencies of individuals. However, mention should be made of some of these areas in order to define the nature of the program and possibly call attention to certain inequities. Division of responsibilities were approximately as follows:

Palo Alto Senior Adult Coordination Program.

Planning Committee Chairman and staff time of Senior Adult Resource Coordinator

Publicity: Design, communication and coordination

Reproduction services: Posters, fliers, class cards and student evaluation forms, etc.

Stationery and postage

Hospitality supplies

Department of Adult Education

Salary (hourly rate only) for actual instruction time of program leader and exercise teacher

Duplicating materials and office services

Limited administrative time of Director of Adult Education

County Public Health Nursing Services

Planning Committee time of supervisor and two district PHN's
Staff time of two PHN's
Coordinating time of one PHN on Health Screening project
Follow-up telephone time with participants and absentees
Record keeping on participants
Home visits

Palo Alto Medical Clinic

Dietitians ten-hour staff time
Planning Committee time of one physician
Four physician speakers

Stanford University School of Medicine, Division of Physical Therapy

Planning Committee, staff and consultation time of Physical Therapy educator

Santa Clara County Heart Association

Planning Committee time of North County Associate Director
Participation in three presentations
Extensive printed literature

Santa Clara County Health Department

Planning Committee time of one Public Health Educator
Participation at one presentation of Mental Health Department psychiatrist
Public Health Multiphasic Health Screening Program

American National Red Cross, Palo Alto Chapter

Volunteer discussion leader and transportation drivers
Use of station wagons to transport seniors to Health Screening
Donations of coffee and cups for hospitality period

Program Leader--responsibilities in addition to consultations and presentations

Planning Committee time, co-chairman and liaison with community organizations and health agencies
Communication in person or by telephone with speakers and staff
Visits to agencies
Inservice training of volunteers
Record keeping on participants
Telephone communication/consultation with participants
Maintenance of program files
Home office expenses (no City office space provided)
Stationery, files and postage
Project reports (fifteen hours time paid by the City)

CONTINUATION OF SOCIAL, NURSE CONSULTATION AND EXERCISE

Pre-registration of those seniors who wanted to continue with the exercise class (for five more classes sponsored by Adult Education) was taken during the last two classes of the twelve week series. Eighteen persons from S.M.I.L.E. plus two new students continued that class headed by the same teacher. This group met the same time in the Downtown Library El Palo Alto Room which they felt was satisfactory. Participants stated to Program Leader they wished more programs and classes such as S.M.I.L.E. Health Services could be continued. Many wanted to be notified of a new series and of exercise class in the fall.

Arrangements were made for the downtown district nurse to continue consultation from 10:00 A.M. until noon in the same room. She reported that she had on the average three or four health consultations each session. However, these were those known only to the S.M.I.L.E. program participants.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations depend somewhat upon the outcome of the proposal for a Senior Services Center under consideration by the City at the time of this writing. For instance, a new facility may have a bearing on the question of sponsorship. Consultants' modus operandi may change as private consultation rooms become available. Recommendations will be made more in the form of discussion since there are many variables and alternative choices in short- and long-term planning.

Results from students and staff questionnaires would seem to indicate the Health Services program was successful in meeting interests

and needs of participants. Written and oral comments gave indication that the presentations, consultations and exercises should be continued in the fall and spring.

Older people in Senior Centers rely heavily upon the advice of Center staff personnel for guidance into activities that have immediate meaning to them. This is mentioned simply as a reminder of the importance of carefully selected, well-informed personnel and trained volunteers for the City's role in expanded services to seniors. Quality leadership and skills of persons who can tie things together and relate one agency's services to another will be paramount.

The team concept and cooperative venture of the S.M.I.L.E. Health Services program could serve as a model for future planning in a Senior Center. This committee's activities centered around the points on the preventive health care continuum. Information and education in nutrition, exercise, work, rest and stimulating activities promote health. Accident prevention and elimination of agents and conditions causing illness or injury protect health. Multiphasic screening and consultancy evaluations identify health. Treatment and rehabilitation of disease or disability correct health. Interpreting medical facts and assisting older persons in changing environment or adapting to disability accomodate health. These areas in prevention services overlap and interlock. In order to succeed in optimum program planning it is well to remember these facets. No one agency or organization can claim exclusive domain in such a vast area.

Certainly the health professionals felt their relationship with each other as they shared common concerns in program planning and

operations had been improved. Most indicated willingness to continue. It may be that the Committee would like to include active participation of a nutritionist, psychologist and minister or chaplain.

The willingness of agency representatives to contribute high caliber speakers for S.M.I.L.E. health lectures was gratifying. Their talks were interesting, enlightening and useful to laymen. It is recommended that this mechanism for agency participation and interaction be continued and developed.

Recommendations for future topics obtained from student and staff questionnaires were:

Dental hygiene and care

Foot care and footwear

Peripheral vascular conditions, e.g. varicose veins

Diabetes

Nutrition: shopping and consumer education

Positive attitudes toward aging

Additional topics suggested by program evaluator:

First aid for older folks.

Health Insurance

New life styles for physical living arrangements

Euthanasia

Funeral planning

Addiction to alcohol and other drugs

Weight reduction and maintenance

Personal safety

Time and energy management

Rest and sleep

Human sexuality

Nervous tension and stress

Discussion groups and shorter seminars sponsored by the City or other agency, institution or organization might be self-care and home management for the aged and handicapped and beauty school for women over sixty.

Though the consultation component was believed adequate by seniors, staff felt that this was an area which needed improvement. It may be possible that with relocation to another facility such as the proposed Senior Services Center this element could be provided. Relocation would provide more privacy for consultation before and after classes and these sessions could be scheduled more frequently and for longer periods.

It is recommended, however, that these consultants explain more fully the scope of their skills at the beginning of the next presentation series so that participants may make full use of these services.

The social component of the program was important for two reasons. It offered an opportunity for senior adults to establish an affiliation with their peers. And it also gave the staff a chance to become better acquainted with individual participants. It would seem that this element should be built into future programming. Possibly small coin donations should be accepted to defray costs of paper products and provide an outlet for payment of services by those persons who feel this need.

Responses from staff members regarding registrants taking the whole program or not at all, or taking just parts of it, were incon-

clusive. This point needs clarification by Planning Committee before the next series begins. Committee may decide that if the courses are found suitable the Adult Schools will assume the responsibility for continuance. Following this principle, S.M.I.L.E. Health Services would be used as a testing ground for new courses and would provide needed publicity and support for teachers interested specifically in work with handicapped adults and older persons.

In regard to the exercise class, this group became quite close and supportive of each other. The class level was maintained on its own. The instructor indicated willingness to resume in the Fall Adult School system at the same time and location. Arrangements should be made for the Palo Alto Adult School to reserve the space.

Following are program achievements perhaps more subtle, but as important as the assessment of planned components. The program:

1. offered an outlet for agency publicity, coordination and services
2. involved health professionals in cooperative community planning
3. aimed to replace loss of physical, psychological, social or economic resources of older persons
4. assisted seniors involved in managing their own health needs
5. integrated clients from other agencies into the group
6. encouraged and directed senior adults to participate in a variety of community activities and services
7. complemented the present senior social recreation programs by providing new classes and services
8. helped participants become reacquainted with the teaching-learning process and look to Adult Education for new learning experiences

Committee, staff and volunteers may be commended for their efforts in accomplishing the hardest part of any new program... that of getting started!

The program leader and committee members look forward to continuation, growth and development in planning and providing programs, classes and services for the benefit of older adults.